

Report of the Texas Legionnaires' Disease Task Force

In December 1999 a task force was assembled to develop a Texas Legionnaires' disease control plan to help local health officials respond to reports of legionellosis in hospitals, long-term care facilities, and the community. The following is a summary of the Texas Legionnaires' Disease Task Force recommendations that includes comparisons to existing control plans developed by the CDC, the state of Maryland, and Allegheny County, PA.

Diagnostic Capacity The Texas Legionnaires' Disease Task Force recommends that all acute care hospitals and all long-term care facilities either provide *Legionella* urine antigen testing in-house or contract with a laboratory that can report test results within 48 hours. These facilities should have a similar mechanism in place for *Legionella* culturing. Single serum antibody test results can not be used to confirm a diagnosis of Legionnaires' disease. The CDC, state of Maryland, and Allegheny County guidelines are very similar to these recommendations.

Surveillance According to the Texas Legionnaires' Disease Task Force, legionellosis surveillance should be conducted by all acute care and long-term care facilities, and should be followed by reporting of any cases as "definitely nosocomial," "possibly nosocomial," or "not nosocomial." Active surveillance, including urine antigen testing of other pneumonia patients and daily evaluation of all sputa and x-rays, should be implemented whenever an investigation of a suspected nosocomial case is initiated. Community-acquired cases must also be reported, but active surveillance and a thorough epidemiologic investigation are recommended only if two or more cases of legionellosis are confirmed in a small community within a 6-month period or if the rate in a large community seems to be above the state's 10- year average rate of 0.2 cases per 100,000 population. While 80-85% of Legionnaires' disease cases are estimated to be community-acquired, the Task Force recognizes the enormous difficulty of tracing possible exposures of a single case in a community. The Texas Legionnaires' Disease Task Force addresses surveillance in greater depth than the other Legionnaires' disease control guidelines.

Environmental Testing Routine culturing of acute care hospital water distribution systems (ie, environmental testing) for *Legionella* is not recommended by the Texas Legionnaires' Disease Task Force. On the other hand, environmental testing may be appropriate if it is determined that there is a significant risk of nosocomial Legionnaires' disease transmission. The Task Force provides guidelines for assessing this risk, which is known to be affected by the water treatment method in use, water temperature, a variety of water system engineering factors, the mix of patients, and history of nosocomial legionellosis cases. In long-term care facilities, the Task Force recommends environmental culturing only if there are one or more definite or two or more possible nosocomial cases. The Task Force also provides detailed guidelines for water distribution system testing when implemented. These recommendations are similar to those of the CDC but differ from those of the state of Maryland and Allegheny County, which both recommend routine environmental testing in acute care facilities but do not address testing in long-term care facilities. The Texas guidelines generally recommend environmental testing in a community setting only in the event of an outbreak, and an epidemiologically implicated source.

Prevention The Texas Legionnaires' Disease Task Force recommendations for legionellosis prevention include education of physicians and other hospital/facility personnel, equipment

maintenance, and general facility control measures in acute care and long-term care facilities that do not have identified Legionnaires' disease cases. Prevention in facilities with cases or with a substantial number ($>30\%$) of water distribution system sites that are culture-positive for *Legionella* upon background testing should further implement enhanced surveillance, immediate remediation, and protection of high risk patients. The CDC, Maryland, and Allegheny County guidelines for Legionnaires' disease control contain similar recommendations.